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TITLE: Self-Perception of Risk For HIV Among Active Injection Drug Users and Their At-Risk Sex and Needle Partners

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BACKGROUND/OBJECTIVES: Self-perception of risk is a key component of most models that predict both risk-taking and the adoption of protective measures for HIV (Becker, 1974; Bandura, 1977; Fishbein & Ajzen, 1975). Such models assume that an individual must recognize being at risk for a negative outcome as a precursor to taking preventive action. Despite the rise of drug-related infection among active injection drug users (IDUs) and their sexual partners, little is known of how this high-risk group makes sense of their risk for HIV. This study explores the individual, dyadic, and community variables that influence self-perception of risk for HIV among this population.

METHODS: Using snowball sampling techniques, 874 active injectors and their at-risk partners were recruited via street outreach for HIV counseling, testing, and partner notification. To be included in the study, participants either had to be: (1) an IDU or someone named as a risk partner through partner notification, and (2) have received a HIV-negative test result at last testing or be of unknown HIV serostatus. Prior to a blood draw for HIV testing, subjects completed an hour-long face-to-face semi-structured interview that focused on their life circumstances, drug history, sex and needle behavior and perception of risk.

RESULTS: Of the 874 subjects sampled, 712 tested seronegative for HIV and 162 tested positive. Logistic regression was used to examine the association between risk factors and perception of risk. Seropositive subjects were twice as likely to perceive themselves as being HIV positive than those who tested negative ($p < .001$). Being married or living with a partner was associated with lower self-perception of risk ($p = .007$). Self-perception of risk was also associated with perception of HIV rates in the neighborhood where subjects injected ($p < .001$), with increased injection use ($p = .002$), and with number of times sharing injection equipment in last 3 months ($p < .001$).

CONCLUSIONS: Results suggest that IDUs differentially assess their level of risk for HIV with those who are sero-positive perceiving higher likelihood of being infected. IDUs who engage in riskier behavior appear to draw upon this knowledge to calculate higher self-perceptions of risk. That increased opportunity for exposure to the virus is associated with engaging in higher risk behavior suggests that self-perception of risk does not convey sufficient motivation for IDUs to adopt preventive action. Risk-reduction programs and media campaigns need to address additional factors if they are to produce positive behavioral change.

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